LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

630 Camp Street, New Orleans, LA 70130 (504) 568-6820



CERTIFICATION OF SUBSTANTIAL COMPLIANCE WITH THE APPLICATION PROCESS FOR PURPOSES OF APPLICATION FOR WORK PERMIT

[EXHIBIT FOR PETIION FOR WORK PERMIT]

Identifying Number:
To Whom It May Concern:
This is to advise that the above-referenced individual has or will have completed all application requirements for licensur by the Louisiana State Board of Medical Examiners as stated herein with the exception of the following:

a valid visa issued by the Bureau of Immigration and Naturalization (INS). criminal background check clearance. other (specify):

The application will be submitted for approval at the Board meeting nearest the licensure eligibility date stated hereinbelow:

Licensure Eligibility Date:

Name:

Board Meeting Date:

RE:

The referenced individual will thereafter be issued a ninety (90) day temporary permit, which may be renewed. The temporary permit will be replaced with a license after the following:

- Satisfaction of those items marked hereinabove, and
- Personal appearance with a member of the Louisiana State Board of Medical Examiners. The applicant shall present original documents to the member of the Board for review.

Very truly yours,

LOUISIANA STATE BOARD	
OF MEDICAL EXAMINERS	

Licensing Analyst

For LSBME Use Only

This form is an exhibit to the Petition filed with the INS by the Petitioner for and on behalf of the Applicant for the work permit. The LSBME is not the Petitioner. LSBME staff should complete and forward this form to the Petitioner at the earliest possible date to facilitate the work permitting process.